

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/508422	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2		1					52						
3	1						53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1	1					63						
14	13						64						
15	13						65						
16	13						66						
17	13						67						
18	1	1					68						
19	(7)						69						
20	7						70						
21	1						71						
22	7						72						
23	1	1					73						
24	1						74						
25							75						
26	1						76						
27	1	1					77						
28	(1)						78						
29	(1)						79						
30	(1)						80						
31		1					81						
32							82						
33			(1)				83						
34			(1)				84						
35			(1)				85						
36			(1)				86						
37			(1)				87						
38			(1)				88						
39			(1)				89						
40			(1)				90						
41			(1)				91						
42			(1)				92						
43			(1)				93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						